

**ORGANIZATION OF THE EDUCATIONAL AND UPBRINGING PROCESS FOR
CHILDREN WITH INTELLECTUAL DISABILITIES**

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Annotation

This article examines the organization of education and upbringing for children with intellectual disabilities. It outlines key concepts such as intellectual disability, oligophrenia, and dementia, and highlights clinical, psychological, and pedagogical criteria for their identification. The study focuses on the developmental characteristics of such children, including difficulties in cognition, speech, and learning. The role of special education in supporting their development, independence, and social adaptation is emphasized. In addition, international practices in inclusive and special education are briefly considered, underlining the importance of early diagnosis and coordinated support.

Keywords

Intellectual disability, oligophrenia, dementia, special education, inclusive education, cognitive development, social adaptation.

In practice, terms such as “intellectual disability,” “oligophrenia,” and “dementia” are often used. “Intellectual disability” is a broad concept that includes the degree of impairment in intellectual functioning, the time of its onset, as well as the nature of the condition and the duration of pathological changes. In identifying intellectual impairment, it is necessary to consider three criteria: clinical, psychological, and pedagogical. The clinical criterion determines intellectual disability associated with organic diseases of the central nervous system; the psychological criterion is expressed in persistent disturbances of cognitive activity; and the pedagogical criterion is reflected in the child’s low learning ability and difficulty in mastering the educational curriculum. Oligophrenia is an intellectual disability that occurs as a result of damage to the central nervous system during prenatal development, at birth, or within the first three years of life. If intellectual disability develops after the age of three, it is referred to as dementia. Dementia tends to progress gradually, whereas in oligophrenia the defect remains relatively stable.

Depending on its causes, oligophrenia is divided into congenital and acquired forms. Congenital causes include Rh factor incompatibility, chromosomal abnormalities, and diseases such as phenylketonuria. For example, Down syndrome is a well-known type of congenital oligophrenia caused by a chromosomal abnormality, in which an extra chromosome appears instead of the normal 23 pairs. As a result, children with Down syndrome often have similar physical characteristics: limited mobility, slanted eyes, a flat nasal bridge, a large tongue, thick lips, and low-set ears. These features are not influenced by nationality or race and generally distinguish them from other children in their families.





Figure 1. Inclusive education.

During pregnancy, a mother's infection with severe viral diseases such as influenza, typhoid, or rubella, as well as the transmission of parasites to the fetus, fetal injuries, and parental alcoholism may lead to the development of oligophrenia. French researchers who studied 57 children born into families affected by alcoholism found that 25 of them died before reaching the age of one, 5 suffered from seizures, 5 were diagnosed with hydrocephalus (an accumulation of fluid in the brain), and 12 had intellectual disabilities. Only 10 children were born healthy.

During childbirth, compression of the infant's head, delivery using forceps or a vacuum extractor, as well as excessively prolonged or very rapid labor, may damage the central nervous system and lead to oligophrenia. Intellectual disability can also develop in children under the age of three as a result of severe illnesses such as meningitis and meningoencephalitis. The term "oligophrenia" originates from Greek and means "little mind." Children with this condition experience a decline in cognitive abilities due to organic disorders of the central nervous system, and this impairment is permanent. Therefore, they differ from other children who require special support.

Oligophrenopedagogy is a branch of special education that focuses on the development, education, and upbringing of children with intellectual disabilities. In the educational process, it is important to stimulate these children's interest in learning and to create conditions for their development and independent acquisition of knowledge. Expanding their worldview, developing thinking and creativity, improving oral and written communication skills, and preparing them for professional activity are key educational objectives. Uzbek scholars such as S.G. Radisheva, D.A. Gordienko, A.I. Sagatov, and others have conducted extensive research on the education and upbringing of children with intellectual disabilities. The World Health Organization classifies intellectual disabilities into mild, moderate, severe, and profound levels. Children with mild intellectual disabilities differ from their typically developing peers: they learn to hold their heads up, sit, and walk later, and their speech develops slowly. Their speech often includes pronunciation errors, and their vocabulary is limited. In play activities, they cannot fully participate and usually take on secondary roles. Children with mild intellectual disabilities are often characterized by limited understanding. They have difficulty comprehending cause-and-effect relationships, and their attention, memory, and thinking abilities are underdeveloped. In particular, they struggle to understand basic mathematical operations such as addition, subtraction, and reverse counting. They also experience difficulties in mastering the relationship between letters and sounds, which slows down reading and leads to frequent errors.

Due to imbalances in nervous processes, behavioral changes are also observed. Some children may be highly active and restless, while others may be passive and indifferent. They often cannot fully understand their surroundings or adapt their behavior appropriately and show limited critical awareness of themselves and others. Nevertheless, with the help of specialized



education and upbringing, significant progress can be made in preparing these children for independent living and vocational activities. Children educated in special schools successfully work in industrial, agricultural, and domestic sectors.

The task of educators and teachers is to identify such children as early as possible and refer them to specialized educational institutions. Since the 1960s–1970s, with the growing recognition of human dignity, the integration of special and general education has developed in Western countries. Correctional institutions have been established for children with intellectual disabilities, and their integration into mainstream education has begun. International organizations such as UNESCO, the United Nations, and the World Health Organization have actively supported this process. For example, in England, children with severe intellectual disabilities have been included in the special education system since 1970. Special schools, classes, and training centers have been created for them. Younger children are taught sensory and speech development, as well as self-care skills, while older children are prepared for work activities such as assembling cardboard products, packing automobile bulbs, and assisting with school maintenance work.

In the educational curriculum, teaching social behavior plays an important role. At least once a week, teachers take children on outings. During these activities, children become familiar with traffic signs, learn how to use underground crossings, and understand the rules for safely using different types of transport. They are taught how to behave appropriately in various environments, such as at a friend's house, in a library, or in a medical institution. They are also trained to perform simple practical tasks, such as posting letters, taking clothes to the laundry, and making small purchases. These activities are aimed at helping children adapt to society.

In Germany, education for children with intellectual disabilities is provided in various types of rehabilitation and pedagogical institutions. These include special schools and long-term residential facilities. Children who do not require постоянный medical supervision are educated in special and day schools. These institutions function similarly to regular day schools. Children admitted to them must be able to walk, perform self-care, and follow basic hygiene rules. Teachers working in special schools are required to have not only general pedagogical knowledge but also training in special education (defectology).

In the Netherlands, children with developmental challenges are divided into two groups: those with mild intellectual disabilities and those with more severe conditions. Children with severe difficulties receive education in separate schools and classes. In Hungary and Poland, a network of institutions has been established for children with intellectual disabilities. Children with severe and multiple impairments are educated in boarding schools under social welfare and healthcare systems, while those with milder developmental disabilities are taught in special schools and classes. Boarding schools typically serve children from the ages of 7 to 18–20. In these institutions, younger children are taught speech development, physical education, and self-care skills, while older students are prepared for work.

The educational process in special schools consists of three stages:

- At the first stage, emphasis is placed on speech development, sensory training, play, and physical education.
- At the second stage, the focus shifts to self-care skills and basic household work, along with practical training in elementary writing and arithmetic.
- At the third stage, students are divided into groups A and B according to their psychophysical abilities. In Group A, instruction in writing and arithmetic continues, while in Group B practical skills are developed. In both groups, the main goal is to prepare students for productive work.



Adolescents who complete special education are directed to protected workplaces or specialized production enterprises.

In Japan, one of the main tasks of the special education system is to further improve the education of children with severe and multiple disabilities. Research is conducted at national institutes, and specialized training courses are organized for teachers. Education for children with intellectual disabilities is provided in special schools and day rehabilitation centers. Many special schools include preschool groups as well as middle and upper grades. The main goal of these schools is to prepare children for independent living and work. Therefore, significant attention is given to vocational training in well-equipped workshops. If graduates are unable to find employment after completing their education, they are given the opportunity to work in these workshops.

In Germany, preschool children with profound intellectual disabilities are educated in specialized preschool institutions with a medical-rehabilitation focus. These institutions work closely with family and child support counselors. Upon reaching school age, children may study in regular classes or in special classes within general education schools under the guidance of a special education teacher.

In England, children with disabilities are more frequently integrated into mainstream education environments. However, children with severe intellectual disabilities are educated in separate classes with specialized programs. In many countries, social committees and associations operate to support children with intellectual disabilities. Their main goal is to ensure the social and vocational adaptation of such children. For example, in the United States, the National Down Syndrome Society operates, while in Europe, the European Down Syndrome Association is active. In addition, specialized literature and journals are published for parents. For instance, in Italy there is a "Down Syndrome" journal, and in England there is a "Parents" journal, which discuss the specific characteristics of such children and methods of working with them.

Communication between special education specialists and parents is organized by social pedagogues. In many schools, programs aimed at the psycho-physical development of children under the age of three have been developed, and parents begin working with their children according to these programs from the earliest days of life. In teaching young children, primary attention is given to self-care, development of motor skills, work activities, and speech. For older children, the process of social adaptation becomes the main focus.

In conclusion, the education of children with intellectual disabilities requires a well-organized, systematic, and individualized approach that takes into account their cognitive, psychological, and physical characteristics. Effective teaching is based on early diagnosis, the use of appropriate pedagogical methods, and the creation of supportive learning environments that foster independence and social adaptation. International experience demonstrates that both special and inclusive education systems play an important role in meeting the diverse needs of these children. Cooperation between educators, parents, and social institutions is essential for achieving positive outcomes. Ultimately, the main goal of education in this field is to help children with intellectual disabilities develop their abilities, integrate into society, and prepare for independent and productive lives.

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